

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005003

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 292

FILED JAN 29 1962

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| 1. PLACE OF DEATH a. COUNTY ST LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves 19, Mo. | | c. CITY OR TOWN Webster Groves 19, Mo. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7878 Big Bend | | d. STREET ADDRESS (If outside, give location) 7878 Big Bend | |
| 3. NAME OF DECEASED (Type or print) First Norman Middle Theodore Last Smith | | 4. DATE OF DEATH Month January Day 22 Year 1962 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-31-1900 |
| 9. AGE (last birthday) 61 | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative | | 10b. KIND OF BUSINESS OR INDUSTRY Steel Sales | |
| 11. BIRTHPLACE (City and state or country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Robert B. Smith | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 14. NAME OF HUSBAND OR WIFE Gertrude Hunt Smith | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Mrs. Gertrude Hunt Smith | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction DUE TO (b) arteriosclerotic heart dis DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED] PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED] | |
| 20c. TIME OF INJURY Hour 7:00 a.m. 7:00 p.m. 7:00 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED] | | 20f. CITY, TOWN, OR LOCATION [REDACTED] | |
| 20g. COUNTY [REDACTED] | | 20h. STATE [REDACTED] | |
| 21. I attended the deceased from 2/9/60 to 1/22/62 and last saw her alive on 1/16/62 Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Stanley W. Hall (Degree or title) MD | |
| 22b. ADDRESS 457 N. Kingshighway | | 22c. DATE SIGNED 1-23-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE 1-24-62 | |
| 23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| 24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa | | 25. DATE RECD. BY LOCAL REG. 1-23-62 | |
| 26. REGISTRAR'S SIGNATURE John C. Murphy M.D. | | 27. REGISTRAR'S SIGNATURE [REDACTED] | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lia C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.